The MEDICAL MISSIONARY

A MOHAMMEDAN BEAUTY

Vol. I. MAY, 1928 No. 8

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

Foundation and Approbation: The Society of Catholic Medical Missionaries was founded in September, 1925, in Washington, D. C., with the approval of His Grace, Most Reverend Michael J. Curley, D.D., Archbishop of Baltimore.

Purpose and Field: The purpose of this Society is to render medical aid, no disease or condition being excepted, to Christians and non-Christians in the officially recognized foreign Mission countries of the world.

Nature of Work: The vocation of a *Medical Missionary* is a combination of spiritual and corporal works of mercy. Having access by means of her profession, as Doctor or Nurse, to many with whom no other Missionaries can come in contact, she is afforded numerous opportunities to instruct the sick and their relatives in our Holy Religion, assist the dying, and to baptize infants in danger of death. By her charitable ministrations, she wins the love and confidence of the people and is thus enabled to break down prejudice and superstition, and prepare the way for their reception of the truth.

Scope of Work: The scope of the Medical work includes the provision and equipment of mission hospitals and dispensaries, medical schools, training schools for native nurses, infant welfare centers, plague camps, leper asylums and caravan dispensaries, which bring medical aid from village to village, also obstetrical work and visiting the sick in their homes which are of primary necessity in mission countries.

Nature of the Society: The members of the Society live in community, in the spirit of the evangelical counsels. After one year of probation, which is devoted to spiritual and missionary training, the candidates solemnly promise to keep the Constitutions and they pledge themselves, by oath, to remain in the Society for three years, to go without delay to any region or place whither they are sent by the Superior of the Society and to accept any employment assigned to them.

The Solemn Promise and Oath are renewed after three years for another period of three years, after which they are taken for life.

As members receive no salary, the Society makes provision for their maintenance in the same manner as other religious communities.

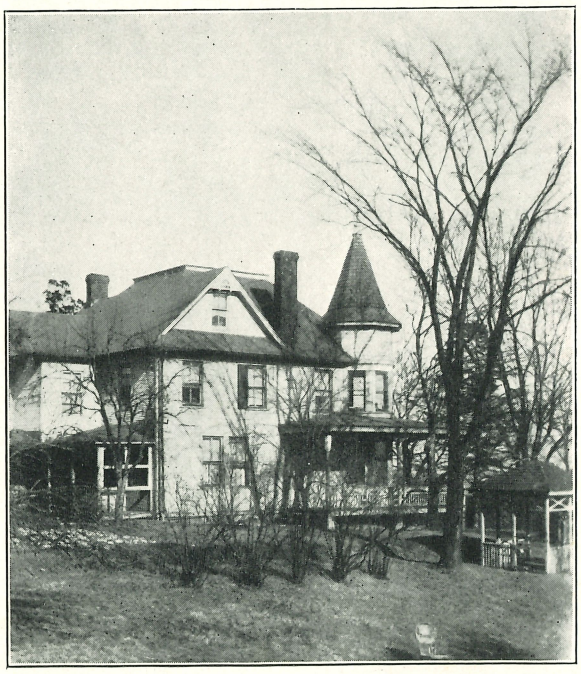
First Hospital: The first hospital opened by the Society of Catholic Medical Missionaries is located in the native city of Rawalpindi, Punjab, India, in the Mill-Hill Prefecture Apostolic of Kashmir and Kafristan, where the Mohammedan and high caste Hindu women are still strictly secluded and can only avail themselves of medical aid by women. Three of the pioneers of the Society are in charge of this Hospital, which was dedicated on December 14, 1927.

We will be pleased to hear from any women doctors or nurses who are interested in Medical Mission work and who would be willing to devote their lives and profession to this missionary work.

As the Medical Apostolate in Foreign Mission countries entails many-sided activities, there is full scope for every talent. Non-medical Members can contribute to it greatly by social service, secretarial work, journalism, housekeeping, etc. Address:

DR. ANNA DENGEL,
Society of Catholic Medical Missionaries,
Bunker Hill Road and 16th Street N. E.,
Brookland, Washington, D. C.

And every one that hath left house, or brethren, or sisters, or father, or mother, or wife, or children, or lands, for My name's sake, shall receive an hundredfold and shall possess life everlasting. (St. Matthew, XIX: 29.)



CATHOLIC MEDICAL MISSION HOUSE, BROOKLAND, WASHINGTON, D. C.

Important

There is an Indian saying: "A letter is half a visit." We trust that this may be applied to our "Medical Missionary" which to all appearances is going on a two months holiday; but in reality, plans a vigorous campaign for subscribers and more subscribers, all with the one aim of promoting Medical Missions. May we ask for suggestions, names,—in short—for your active cooperation. Through united effort we will be able to develop Medical Missions even in our lifetime.

The MEDICAL MISSIONARY

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Editor: Dr. Anna Dengel

EDITORIALS

QUEEN OF MAY

Queen of May—what a picture of loveliness it brings to our imagination! Radiant with holiness, peace and joy, Her blue mantle extended to gather us around Her; Her hands outstretched to give, and we at Her shrine with blossoms and garlands, singing hymns of praise and supplication. What yearly feast of thirty-one days, to see Her on our altars. She the Blessed among women; the more we resemble Her the more blessed, the less we resemble Her the less blessed.

The millions of women, pagans of the old and new type, who do not know or care for Her as a model, although endowed with many natural virtues no doubt, cannot have a true idea of the beauty of womanhood of which She is the everlasting Leader and Queen. Humility and purity made her the most privileged creature. Through humility and purity she led the way to liberty and dignity. All the flowers and songs of May and all the thoughts and words about Her can never express and exhaust our gratitude, admiration and love!

THE WORLD IS GETTING SMALLER

IT was recently announced that American, British, German and French engineers will build a railroad connecting the Persian Gulf with the Caspian Sea. It will cost $80,000,000 and will run through territory believed to have been the original garden of Eden.

This new link will make the world smaller, but opportunities greater. The civilization of East and West will come in closer contact, which cannot be without results of some kind. Business men on both sides will plan and plot and scheme no doubt how best to take advantage of the situation and missionaries always eager to extend the kingdom of Christ also will study the new opportunities and not let them slip by, if they can help it.

One of the most depressing things to my mind in the Missions is the thought and the consideration, how much more could be done if there were more missionaries.

One naturally asks oneself sometimes: why aren't there more? Is there any way of enlisting more, of encouraging more? Some men and women's heroic spirit is such that missionary life is the one of their choice, just *because* of its sacrifices and hardships. I have known missionaries who were disappointed in finding it less hard than they had expected. There may be some on the other hand who have such an humble opinion of their courage, that they are afraid to venture the step on account of wrong or exaggerated ideas of difficulties regarding separation from home and country, the climate, food, the language, etc.

Like every other life, missionary life has its compensations, but they are seldom dwelled upon. Many would not care to expose their young lives to man-eaters, headhunters, snakes, lions and tigers *all the time,* whilst they would gladly preach, teach or be a good Samaritan to any human beings who are still deprived of the light of Faith and who are helpless and miserable. If they were convinced that 99 percent of their work would be of the latter, and perhaps one percent of the former type, they might take the chance of meeting a snake or a tiger once in a life time.

AFGHANISTAN

Recently, Afghanistan has been in the public eye on account of Ameer Amanullah's extensive tour through Europe. This powerful Moslem king has not even one Catholic among his fifteen million subjects and as yet there is not one Catholic Mission Station in his country.

A few years ago the editor stood at the entrance of Afghanistan thinking of the memorable words said about Livingstone, the famous medical missionary: "He entered many a country at the point of the lancet—in other words—by bringing relief to the sick." Would that we could pave the way in this Mahommedan kingdom which is opening its doors wider and wider to progress.

The Queen of Afghanistan has been telling a journalist interviewer in Brussels about her work for the emancipation of women in that country, and the "fierce resistance" she had encountered. Her foundation of "the first girls' school in Afghanistan" literally caused a revolt, which in true Afghan fashion resulted in a battle. But when in Afghanistan, she lamented, she still must wear a veil. It is not as thick as other women's, but it is thick enough to hide her face. No Afghan—relatives excepted—ever saw her face in Afghanistan, and British officials in India were astonished when she unveiled upon starting from a port in India. "But the veil," the Queen added, "is the only concession I make to Mohammedan traditions."

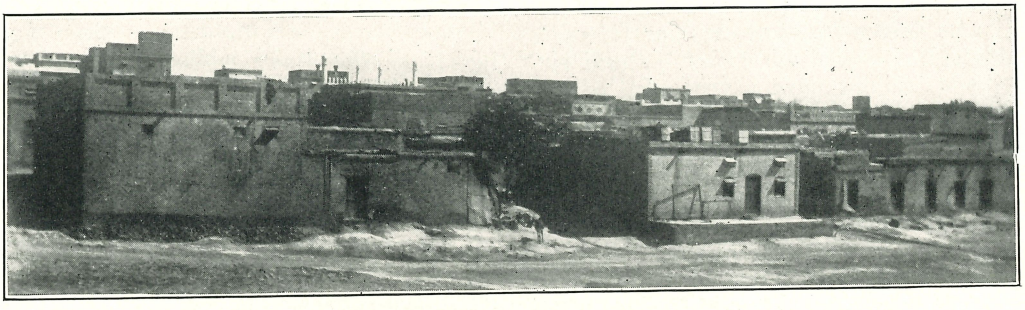
GLIMPSES INTO INDIAN HOMES

With Dr. Anna Dengel

INDIA, the land of three hundred and twenty million souls is said to have about sixty million homes. They all have walls and a roof, but beyond this statement it would be futile to speak of them collectively. The climate demands different modes of living and styles of abodes in the north and in the south, in the plains and in the hills, in dry places and regions damp all the year round. Religion and tradition put their own characteristic stamp on every home, so does culture in all its degrees.

Village homes differ from town homes, and the lady of the harem's fortress-palace is an amazing contrast to the improvised temporary shelter of a nomadic tribe's family.

The following short sketches are not a studied selection of types of women and homes, but merely *true to life* glimpses of a few among the many whom I had the privilege to visit in connection with my work in Rawalpindi and surroundings, and in Kashmir.



INDIAN HOMES IN LALKURTI BAZAAR, RAWALPINDI

At the Shoemaker's

Mochi N., poor and of the caste of shoemakers which ranks very low, knocked on my verandah and asked me to see his wife, who, he said, was in great trouble. His house being within short walking distance, he took my bag and off we went. On the way he described the trouble more in detail. After a few minutes walk, we were at a row of mudhouses, the wooden door of one of which he opened. We entered a little courtyard; the husband remained there. An elderly woman, in dark clothes, not particularly clean, hair dishevelled, and an air of total resignation to all ills to which flesh is heir, appeared at the door. I went in and approached the patient. The room was large and of moderate height and the *one and only* of the house. Air and light entered through the doorway. Being night, a small dim lantern was provided; it was dangling on a piece of wire attached to the ceiling. The patient was lying on a string bed on quilts which had been *new and clean once upon a time.* She was also covered with a quilt. One bed was leaning against the wall; it provided a rack for my topi (hat). There was a small rough wooden bench not far from the bed; a very useful article of furniture for anyone not accustomed to sit on the floor and obliged to remain several hours. In one of the corners there was a small metal trunk. I do not remember having seen any other piece of furniture. The kitchen and its few utensils of earthenware and shining brass pots were outside in the courtyard. The woman, who had appeared at the door on my arrival, soon seated herself on the floor and remained there all night, calm and undisturbed, uttering a few words of pious resignation every now and then. She was the *dhai,* one of India's thousands of untrained, superstitious, well-meaning but dangerously ignorant native midwives. Although she had been on the case all day, there was no sign that she had washed her hands. She had no outfit of any kind. No preparations whatever were made either for the mother or the baby. At my suggestion, she gave the baby a bath. To my surprise, instead of placing it on her lap for the purpose, she put it across her feet; the little head and feet touching the floor. The father and the mother were very much rejoiced over having a little son; now, according to their Hindu belief, they could hope to enter heaven. The *dhai* also rejoiced, being entitled to the fee for a boy, which is double that for a girl. I also rejoiced because everybody was delighted and I must not omit to say that the shoemaker, as poor as he was, insisted on making a strong pair of shoes for the Doctor Memsahiba.

A Field of Roses

One fine autumn day, a Mohammedan gentleman arrived in a luxurious car, accompanied by a native doctor, and asked me to see his mother

and his wife. On the way, the native doctor repeated what he had been told of the symptoms of the patients.

Almost at the entrance of the native city, the car stopped before a heavy gate; servants emerged from a little doorway and opened it. The doctor being *a man not of the household* and therefore not allowed to see the Mahommedan ladies, waited, whilst I was conducted by the gentleman to the women's quarters. On the way, turning a corner, I stopped in amazement: unexpectedly I beheld *not a garden* but a *field* of roses. Having recovered from the pleasant surprise, I was led up a few stone steps, past a spacious verandah, into a large, well-ventilated light room, carpeted and also furnished with a few chairs and the picture of a mosque on the wall. The beds in an adjoining room looked clean and comfortable.

The mother, a woman of about forty-five years (the Mohammedan gentleman I learned was only her adopted son) sat on a low stool from which she rose with difficulty as she was suffering from a chronic nervous tremor. She had a kindly expression, was dressed in clean and costly though simple garments, she conversed intelligently and with great common sense. Her daughter-in-law was bejewelled and dressed in brighter colors; her speech and her manners were gentle, however, she seemed unnaturally subdued. The two ladies had several servants at their beck and call. Having no children, being illiterate although highly cultured in their own way, and according to Mohammedan custom of the people of their class confined for years to their home, they were forced to lead a very monotonous life. They had the advantage of a good home, plenty of food, fresh air, and sunshine it is true, even roses by the thousands in all hues to delight their eyes for nine months in the year, but not the stimulating contact with a variety of human beings and human interests. I thought that the best service I could render them would be to invite them to spend an afternoon with me, which would bring them beyond their four walls. They were very pleased at the prospect but it depended of course on the men to allow it. I was to ask. The gentleman assured me that he was very pleased to drive his mother and his wife to my place on a certain definite date. When the date came, he sent an excuse. I renewed the invitation twice. Twice he sent an excuse. I then realized that it was a polite way of refusing to bring them. However, they managed to send for me every now and then. Besides medical advice, my visit meant a new face, a new voice, a new topic of conversation for them; also an opportunity of arranging a nice basket of roses which they knew I welcomed for our little chapel where the Blessed Sacrament was exposed for several hours daily.

The Rich Widow

An Indian doctor asked me to see a relative of his, a rich widow. Her home was one of those strongly built, irregular, dark houses, found commonly in native cities. Up flights and flights of narrow, unillumined stairs, I was led to see my patient, a middle-aged Hindu lady. She had lost her husband recently and therefore assumed a neglected appearance. No jewels, no smile; her clothes even were unwashed and unpressed as a sign of deep mourning.

She suffered from a large operable tumor, but she did not seem to have any special ambition to get rid of it. Whilst conversing with her on several topics, I watched with interest great numbers of birds flying in and out of baskets strung in a row on the verandah near by. As a result of a remark I made, she told me that she was feeding them in memory of her deceased husband, hoping that it would benefit his soul.

What Fee?

During my holidays in Kashmir, I was frequently asked to see patients as there was no woman doctor in the district. The headmaster of the Mission School felt that he had a special claim on me and, therefore, called me, soon after my arrival, to see his wife. After a walk of about twenty minutes on a dusty road, we crossed the Jhelum River on a ferry boat which devout sons of Allah run free of cost in loving memory of one of the great prophets. On the far bank of the river was the native city, delapidated and picturesque. A good number of women were there washing clothes. We soon reached the patient's house where about fifteen men relatives were awaiting me. To my surprise they followed me up the stairs into an empty room, where the patient cowered in a corner. I requested all the men, except one, to leave; there was quite a competition as to who would stay; finally the mother's choice, which was gratified, fell on a grown up son.

The lady was of fine physique, but thinking it necessary for her well being, had indulged rather heavily in opium to the detriment of her health. She promised, however, to diminish the dose gradually and it was reported to me a year later that she kept her promise with good results. She also had a goiter of moderate size, like most Kashmiri women. As a matter of fact, they take pride in it, provided it is not too large.

I looked around the house and could not see any furniture. I came to the conclusion that the family, like many Kashmiris slept on the matted floor. The windows had shutters, but no glass. In the winter the opening is pasted over with paper and fresh air enters only through the door. Considering that the cows are kept in the winter to one side of the ground floor, the atmosphere of the house cannot be very healthy. The men go out into the fresh air, but the women, especi-

(*Continued on page 7*)

THE SOCIETY AT HOME AND ABROAD

SR. ALMA, SR. MARGARET MARY AND DR. C. O'CONNOR

ON the feast of the Annunciation, which is the main feast of our Society, Dr. Caroline O'Connor, Miss Adella van Agtmael, R.N., and Miss Helen Lalinsky, technician, were invested with the uniform of the Society. V. Rev. Father Mathis, Superior of Holy Cross Foreign Mission Seminary, celebrated High Mass and presided at the simple ceremony. The Holy Cross Seminarians, as usual, very kindly formed the choir.

Dr. O'Connor is a graduate of the National University of Ireland (Cork) and has already spent several years in the south of India as a Medical Missionary. Her work was mostly among Brahmans in St. Ann's Hospital, Kombakonum. She also held a government post for some time in the Dufferin Hospital in Calcutta.

Miss Adella van Agtmael, who received the name of Sister Margaret Mary, was graduated from the Mercy Hospital Training School, Muskegon, Mich., in 1923, and for three and one-half years was connected with St. Lawrence's Hospital, Lansing, Mich., as surgical and night supervisor.

Miss Helen Lalinsky, who was given the name of Sister Alma, was graduated from McKinley High School in the class of 1926 and was trained as a technician in Mercy Hospital, Canton, Ohio.

Our Society, now two and one-half years old, numbers three doctors, four nurses and one technician. In September we hope to welcome new candidates. Our hospital in India needs reinforcements and several other missions are asking us to send Medical Missionaries soon.

Address of our Missionaries in India: Holy Family Hospital, Murree Road, Rawalpindi City, Punjab, India.

A WORD FROM OUR MISSIONARIES IN INDIA

DR. LYONS AND A DAILY ATTENDANT AT MASS IN OUR CHAPEL

On February 29th, Dr. Lyon writes: "We are open four weeks and have had twelve admissions. Three babies were born in the hospital, one mother being a Catholic, another a Mohammedan and the third a Presbyterian. We have had two operations and about two hundred dispensary patients.

"Two native Sisters have enquired if they could be trained as nurses in our hospital. They are anxious to take the full course. We hope that this will materialize."

On April 4th, Sister Agnes Marie writes: ". . . We have 8 in-patients just now and from 20 to 45 out-patients a day. Our two probationer nurses are very nice young girls from Kashmir. We expect two more in May. Our hospital is real *Indian*. The rishtedars (relatives), fill half of it. They bring their portable stoves, cooking utensils, etc., with them and insist on keeping them under the bed. One or two relatives remain day and night, whilst the day force is considerable stronger as a rule. . . ."

SISTER M. ANTHONY AND DR. DENGEL AGREE THAT THE MEDICAL MISSION HOUSE IS A NICE PLACE AT ALL TIMES, BUT ESPECIALLY SO IN THE SPRING

MEDICAL MISSION NOTES

NEW MEDICAL MISSION CIRCLE STARTED IN PHILADELPHIA

IN years to come, when Medical Missions will have shown their worth, hospitals in India, China, Africa, etc., will probably find generous benefactors just as they do here. In the meantime, however, we have to go the uphill way of every young organization and any help extended to us in our pioneer struggle is very specially appreciated.

Among the many good friends who stood by us since our very beginning is Dr. Eveleen Douredoure, of Philadelphia, who recently has given us a new proof of her keen interest in the promotion of Medical Missions by inaugurating an auxiliary circle for our Society with the help of friends who, urged by the charity of Christ, also wish to contribute their quota to the relief of suffering in Missions countries.

We owe special thanks to Rev. Father Keogh, who commended the work to the zeal of the ladies present, to Dr. Douredoure through whose efforts the auxiliary was organized, to Mrs. Robert D. Noonan who kindly consented to be the President, to Dr. McIlvaine, who was elected Vice-president, to Dr. Engelhardt, who was elected Treasurer, and to Miss Anita Comfort, who graciously accepted to be the Secretary.

This adds to our already great debt of gratitude to the "City of Brotherly Love."

ANOTHER REASON FOR CATHOLIC MEDICAL MISSIONS

"The Examiner" (a Catholic Weekly published in Bombay), commenting on the *National Baby and Health Week* opened in Bombay on March 12th, whilst praising the admirably arranged exhibition and the interesting speeches advocating cleanliness, fresh air and sunshine, attention to babies' food and treatment of prevalent maladies, etc., regrets the showing of a film, specially prepared for the Baby and Health Week, which was obviously Birth Control propaganda. The Bombay Board of Film Censors had refused to pass this film on the very reasonable ground that it would outrage the moral susceptibilities of a great many people; but the film was allowed to be shown at the opening ceremony of the *National Baby and Health Week.*

If the women of India can be made to listen to such theories and advice, why not also to the everlasting moral principles of the Catholic Faith, which are based on the law of God and nature. In India at least, women doctors and nurses have more opportunities than anyone else of speaking on the subject. One more reason why *Catholic* women doctors and nurses should be strongly represented in India.

"THE CONQUEST OF LEPROSY"

The complete stamping out of leprosy within the next decade by means of treatment with oil extracted from the dried fruit of the hydnocarpus tree, is predicted in the annual report of the British Empire Leprosy Relief Association, presented at the meeting on February 24th.

Sir Leonard Rogers, who started the research work in India and is Hon. Secretary of the Association and a lecturer at the London School of Tropical Medicine, estimates that there are about four million lepers in the world "Hydnocarpus trees," he said, "are being planted in all suitable countries, so that ample supplies of the cure will be at hand.

"In any country with good education and civilization we can reduce leprosy enormously in a few years. In places like Africa, where leprosy is appalling, it will take longer. But a very favorable factor is that the African negro knows the disease much better than a medical man. The reason is this. African tribes are always raiding each other and taking slaves, but if a slave has a single spot of leprosy on him they won't touch him.

"Natives are coming in greatly growing numbers to the missionaries for treatment now that the new cure is becoming known. In Nigeria a year ago there were 350 patients; now there are 840. Our Association is supplying hut accommodation and drugs to the missionaries. Ten years ago the great difficulty was that before effective treatment we could do nothing but that wretched segregation, which meant imprisonment for life, with the result that we got only advanced cases. Now that we can treat them as out-patients they are coming forward in the early stages.

"Leprosy is a disease which affects particularly the skin, mucous membranes and nerves, causing their invasion at various parts by granulation tissue, and leading to loss of vitality in the affected parts. It has existed in some countries, notably India, from the beginning of history to the present time. In China it has been traced for 2,000 years."

The extinction of leprosy is within sight. But considering that there are still 4,000,000 lepers in the world, strenuous efforts and many public and personal sacrifices will have to be made to convert the possibility into fact. If ever heroic men and women were needed to work for the lepers, it is *now,* when the means of cure are at hand and when the lepers themselves are eager to take advantage of the treatment offered to them.

EASY TO REMEDY

Scientists have observed that where whole districts or communities show a low health average in the spring, something is wrong with the winter diet of the people, and usually that fault can be traced to the lack of fresh raw fruits and vegetables.

"The other day," writes Sister Agnes Marie, "a Hindu whose wife had mislaid a rupee in the hospital, came to us and said: 'You admitted her. You examined her. You gave her good medicine; the lady doctor is very gentlemen. Where is the lost rupee?'"

It is useless to mention what good results the compliment produced, but it might not always be so easy to live up to one's reputation.

GLIMPSES INTO INDIAN HOMES

(*Continued from page* 5)

ally those who consider themselves the *upper ten,* do not go out in the winter and consequently are deprived of fresh air and sunshine for many months of the year.

The little guard of gentlemen had gathered in the courtyard and in the meantime secured ponies for my companion and me for our journey home, which was made on a different route. We were followed by a young man who carried a struggling live cock and another who carried a heaped up plate full of sugar, these being the *fee* for my services. A number of boys also joined the procession. Heading this strange cortege in the far off vale of Kashmir, it was a comforting thought that there was no danger of falling victim to a cinema camera.

One cannot live on cocks and sugar only. Perhaps this is one reason why there are so few doctors in certain regions of the world!

LEAGUE OF GRATITUDE

Affiliated With the Society of Catholic Medical Missionaries

The keynote of the League of Gratitude as its name implies is gratitude, a real and profound sense of gratitude for the gifts of Faith and Health with which God has blessed us and which prompts us to bring these gifts to the inhabitants of Mission Countries, who are the victims of disease and much suffering.

Members pledge themselves:

1. To offer thanks to God frequently for the gifts of Faith and Health, and ask His blessing on the Medical Mission Apostolate.

2. To contribute towards this Apostolate through one of the Branches listed below:

Eucharistic Branch: To which belong Bishops and Priests who promise one or more Masses annually for the Medical Missionaries and members of the League.

Our Lady's Branch: Including Religious Brothers and Sisters who offer prayers for the Medical Missionaries and the members of the League.

St. Joseph's Branch: Those who contribute $500.00 or more to the works of the Society.

St. Luke's Branch: Those who contribute $100.00 to the same object, either in one donation or covering a period of years.

St. Anthony's Branch: Those who contribute $50.00 in one donation or covering a period of years.

Little Flower Branch: Those who contribute annually $1.00 or more to the works of the Society.

Junior Branch: Those students who contribute 10 cents.

In addition to the Masses and Prayers of the Members of the *League*, Benefactors are remembered daily at Holy Communion and in all the prayers and works of the Medical Missionaries.

He who soweth in blessings shall also reap of blessings. Everyone as he has determined in his heart, not with sadness or of necessity, for God loveth a cheerful giver. (St. Paul, Lesson 2, Cor. 9 C.)

With Ecclesiastical Approbation.

A DROP IN THE OCEAN

Rev. E. R. Hull, S.J., in a series of articles in the *Bombay Examiner* reviewing Mother India says amongst *many* other things:

"There is no denying the crying need of maternity-care and child-care efforts, which are a marked feature of present Social Reform enterprise. But besides the obstacle of ignorant conservatism which is sure to stand in the way of local improvement, there is the vastness of the field to be considered. Every year there are over 8,000,000 of recorded births in India which are distributed among 2,313 cities and towns, and 685,622 villages. Think of the number of women doctors and nurses which would have to be stationed in so many places, to attend the 22,513 or more accouchements which take place each day all over a continent nearly as big as Europe.

"The Health Commissioner's report for 1924 gives a long list of the maternity centers, maternity homes, maternity and child-welfare organizations, training schools for Indian women doctors and nurses and midwives, baby-week celebrations, and the work they are doing. It is a splendid record of effort and enterprise flourishing long before Miss Mayo set foot in India, which will go on to increase and multiply just as if she had never come. Yet what are these among so many?"

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Brookland, D. C.

Dear Doctor Dengel—I am very much interested in your work and in your magazine. Enclosed is $..... for ..... year.....

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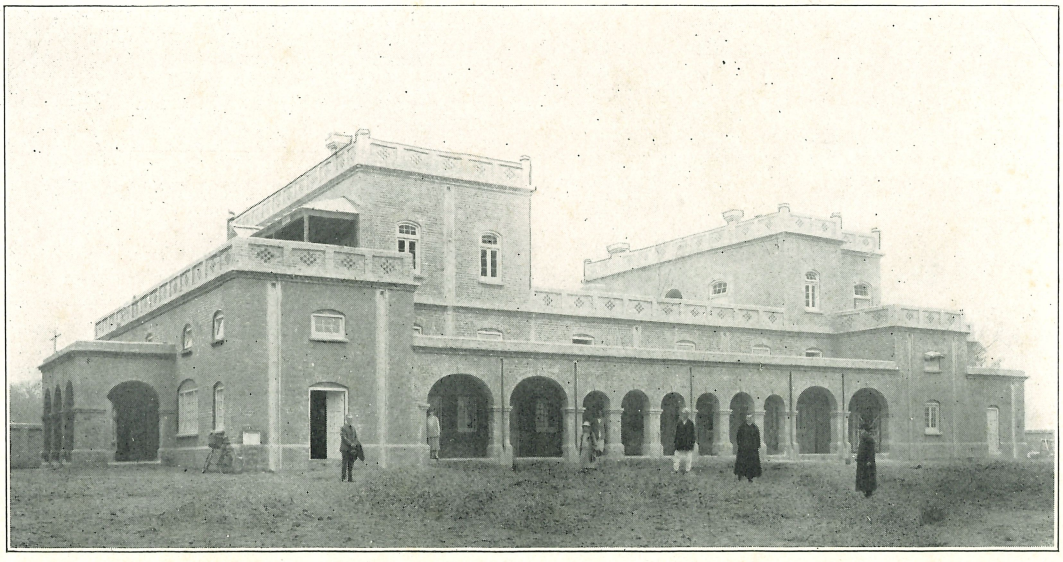

HOLY FAMILY HOSPITAL, RAWALPINDI, PUNJAB, INDIA